

EXPRESS # EL96213464245

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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</b> <b>(37 CFR 1.63)</b>  <input type="checkbox"/> Declaration Submitted With Initial Filing <b>OR</b> <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	<b>Attorney Docket Number</b>	PU030222
	<b>First Named Inventor</b>	Sachin Satish Mody et al.
	<b>COMPLETE IF KNOWN</b>	
	<b>Application Number</b>	/
	<b>Filing Date</b>	HEREWITH
	<b>Group Art Unit</b>	
	<b>Examiner Name</b>	

**As a below named inventor, I hereby declare that:**

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**METHOD AND APPARATUS FOR CONTROLLING CREDIT BASED ACCESS OF A WIRELESS NETWORK**

the specification of which (Title of the Invention)

☐ is attached hereto

**OR**

☒ was filed on (MM/DD/YYYY) [ ] as United States Application Number or PCT International

Application Number [ ] and was amended on (MM/DD/YYYY) [ ] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/489,307	July 22, 2003	

(Page 1 of 2)

**Burden Hour Statement:** This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO:** Assistant Commissioner for Patents, Washington, DC 20231.

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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☐ Customer Number or Bar Code Label  OR ☒ Correspondence address below

<b>Name</b>	JOSEPH S. TRIPOLI		
<b>Address</b>	THOMSON LICENSING INC.		
<b>Address</b>	P.O/ Box 5312		
<b>City</b>	<b>State</b>	<b>ZIP</b>	
PRINCETON	NJ	08543-5312	
<b>Country</b>	<b>Telephone</b>	<b>Fax</b>	
USA	(609) 734 - 6834	(609) 734 - 6888	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**NAME OF SOLE OR FIRST INVENTOR:**

☐ A petition has been filed for this unsigned inventor

<b>Given Name</b>	Sachin Satish	<b>Family Name</b>	Mody or Surname
-------------------	---------------	--------------------	-----------------

<b>Inventor's Signature</b>			<b>Date</b>	08/18/04
<b>Residence: City</b>	<b>State</b>	<b>Country</b>	<b>Citizenship</b>	
Lawrenceville	New Jersey	USA	IN	

**Mailing Address** 708 White Pine Circle

**Mailing Address**

<b>City</b>	<b>State</b>	<b>ZIP</b>	<b>Country</b>
Lawrenceville	New Jersey	08648	USA

**NAME OF SECOND INVENTOR:**

☒ A petition has been filed for this unsigned inventor

<b>Given Name</b>	Saurabh	<b>Family Name</b>	Mathur or Surname
-------------------	---------	--------------------	-------------------

<b>Inventor's Signature</b>			<b>Date</b>	07/22/04
<b>Residence: City</b>	<b>State</b>	<b>Country</b>	<b>Citizenship</b>	
Plainsboro	New Jersey	08536	IN	

**Mailing Address** 4701 Quail Ridge Drive

**Mailing Address**

<b>City</b>	<b>State</b>	<b>ZIP</b>	<b>Country</b>
Plainsboro	New Jersey	08536	USA

☐ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to:		<input type="checkbox"/> Customer Number or Bar Code Label			OR	<input checked="" type="checkbox"/> Correspondence address below
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<b>Address</b> THOMSON LICENSING INC.						
<b>Address</b> P.O/ Box 5312						
<b>City</b> PRINCETON				<b>State</b> NJ		<b>ZIP</b> 08543-5312
<b>Country</b> USA		<b>Telephone</b> (609) 734 - 6834			<b>Fax</b> (609) 734 - 6888	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
<b>NAME OF SOLE OR FIRST INVENTOR:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor		
<b>Given Name</b> Sachin Satish				<b>Family Name</b> Mody or Surname		
<b>Inventor's Signature</b>				<b>Date</b>		
<b>Residence: City</b> Lawrenceville		<b>State</b> New Jersey		<b>Country</b> USA		<b>Citizenship</b> IN
<b>Mailing Address</b> 708 White Pine Circle						
<b>Mailing Address</b>						
<b>City</b> Lawrenceville		<b>State</b> New Jersey		<b>ZIP</b> 08648		<b>Country</b> USA
<b>NAME OF SECOND INVENTOR:</b>				<input checked="" type="checkbox"/> A petition has been filed for this unsigned inventor		
<b>Given Name</b> Saurabh				<b>Family Name</b> Mathur or Surname		
<b>Inventor's Signature</b>				<b>Date</b> 07/22/04		
<b>Residence: City</b> Plainsboro		<b>State</b> New Jersey		<b>Country</b> 08536		<b>Citizenship</b> IN
<b>Mailing Address</b> 4701 Quail Ridge Drive						
<b>Mailing Address</b>						
<b>City</b> Plainsboro		<b>State</b> New Jersey		<b>ZIP</b> 08536		<b>Country</b> USA
<input type="checkbox"/> Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.						

**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet**

Page 3 of 3

<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Charles Chuanming		Wang	
Inventor's Signature <i>Charles Chuanming Wang</i>		Date <i>July 22, 2004</i>	
Residence: City	Jamison	State	PA
Country	USA	Citizenship	USA
Mailing Address 1504 Spearmint Circle			
Mailing Address			
City	Jamison	State	PA
ZIP	18929	Country	USA
<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
Country		Citizenship	
Mailing Address			
Mailing Address			
City		State	
Zip		Country	
<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
Country		Citizenship	
Mailing Address			
Mailing Address			
City		State	
Zip		Country	

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number

Filing Date

First Named Inventor

SACHIN SATISH MODY et al.

Title

METHOD AND APPARATUS FOR CONTROLLING  
CREDIT BASED ACCESS (PREPAID) TO A WIRELESS  
NETWORK

Art Unit

Examiner Name

Attorney Docket Number

PU030222

I hereby appoint:

☒ Practitioners at Customer Number

Customer Number 24498

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

☐ Firm or  
Individual Name

Joseph S. Tripoli, Patent Operations

Address

Address

P. O. BOX 5312

City

PRINCETON

State

NJ

ZIP

08543-5312

Country

USA

Telephone

609-734-6440

Fax

609-734-6888

I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

**SIGNATURE of Applicant or Assignee of Record**

Name

Catherine A. Ferguson, Registration No. 40,877

Signature

Catherine A. Ferguson

Date

Jun. 19, 2006

Telephone

609-734-6440

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 3 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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THOMSON LICENSING**

We,

**THOMSON LICENSING  
46, Quai A. Le Gallo  
F-92100 Boulogne-Billancourt  
France**

do hereby grant

**Joseph S. Tripoli  
Senior Vice President  
Thomson Licensing Inc.  
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Princeton, New Jersey 08540**

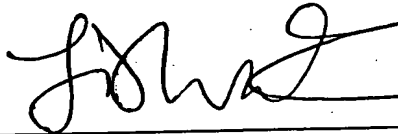
a revocable, non-exclusive and delegable power of attorney to act for us (including the signing of requisite documents) in proceedings concerning patents and applications for patents, including international and other multi-country patents and applications for patents, in our name in the Patent Offices in all countries worldwide from July 1, 2005

DATED this 7 day of July, in the year 2005.

Signature:

Typed Name As Signed:

Title:

  
\_\_\_\_\_  
**Julian Waldron  
President**

POWER OF ATTORNEY  
THOMSON LICENSING

THOMSON LICENSING  
46, Quai A. Le Gallo  
F-92100 Boulogne-Billancourt  
France

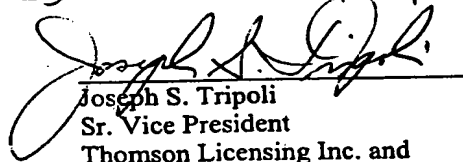
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*Princeton, New Jersey 08540*

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DATED this 5<sup>th</sup> day of October, 2005.

SIGNED

  
Joseph S. Tripoli  
Sr. Vice President  
Thomson Licensing Inc. and  
Attorney In Fact for  
THOMSON LICENSING

WITNESS

David Fournatto